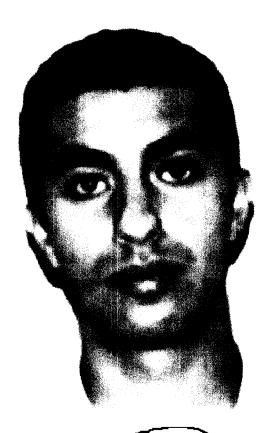
STATE OF FLORIDA Department of Highway Safety & Motor Vehicles

Driver And Vehicle Information Database (DAVID)

DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES

Driver License Transaction Page



Driver License Transaction on 07-24-01

DL/ID Number A425-000-80-371-0 Class

AHMAD AL-HAZNAWI 4641 BOUGAINVILLA DR LAUDERDALE BY SEA, FL 33308

Date of Birth **10-11-80**

Sex M Height 5'07

Restrictions

Endorsements

Fingerprint on file

None

Issue Date **07-10-01**

Issue Time **08:16:32**

Expiration Date

Duplicate Date 07-24-01

10-11-07

Form Number **R010107240028**

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Conditional Messages: SAFE DRIVER

Associated Application Older Newer Individual Summary New Search Main Menu



STATE OF FLORIDA Department of Highway Safety & Motor Vehicles

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Application for Driver License/I.D. Card or Receipt

DRIVER LICENSE

DL/ID Number: A425000803710 Class: E County: 10 I do hereby certify that the answers given by me on this application

are true. I also understand the operation of a motor vehicle constitutes consent to any sobriety test required by law and consent to release of

driving records required by law.

LAUDERDALE BY SEA, FL 33308

AHMAD AL-HAZNAWI

4641 BOUGAINVILLA DR

Issue Type: Replacement Conditional Messages: Safe Driver

Date of Birth Race Sex Height Restrictions Endorsements Issue date Issue time Expiration date Duplicate date 10-11-80 A M 5'07 07-10-01 08:16:32 10-11-07 07-24-01

Social Security Nbr. Form number Examiner Name/ID Cashier Name/ID Office DL/ID Issued

999-99-9999 R010107240028 (R04) MILDRE/8355 (R04) MILDRE/8355 R01 Yes

EXAMINATIONS

Road Sign Road Rule Drive Test MC Rule MC Skill Oral Exam DELAP Non-English Exam

* * Passed No No No

Vision Tag Number Contact Lenses Visual Acuity WITHOUT Vision Report Medical Report Hearing

T92QBT No Correction Good left: right: both:

iett. light. both

CDL EXAMINATIONS

Phy. Exam Gen Knowledge Air Brakes Comb. Veh. Passenger Double/Triple Tanker

Comply 391 Haz.Mat. Inspect Basic Skill Skill Test Third Party Knowledge Type

No No

Applicant: Do you operate a CMV outside the State of Florida? (Y/N) No

OUT OF STATE LICENSE INFORMATION

State Issue Date License Number Expiration Disposition
FF 00-00-00 SAUDI ARABIA 04-04-05 Retained

STATEMENT OF APPLICANT CONCERNING LICENSE OR ID CARD

N. T. J. CONTINUE C. ST. A. L. C. ST. A. L.

- N I have been convicted of DWI/DUI 2 or more times within the last 5 years or 3 or more times within the past 10 years in any state.
- Y I have in my possession or under my control a valid driver license issued by the State of Florida, or any other state.
- Y I have been licensed in another state.
- N Due to my part time residence/employment or military assignment in the State, it is necessary for me to retain my out-of-state driver license.

IDENTIFICATION AND PHYSICAL/MENTAL QUALIFICATIONS

N Ever adjudged by a court to be afflicted or suffering from any mental disorder or disease?

If yes, have you been restored to compentency as required by Date: Restored: State: Have you suffered from epilepsy, fainting, or dizzy spells within the past two years? If YES explain: Are you addicted to drugs or intoxicants? If YES explain: Have your driving privilege ever been revoked, suspended or denied in any state? Restored: State: Date: Reason: Rights Restored? Convicted Felon? Sexual Offender? Sexual Predator? N Fingerprint on file: None Identification: DL-REC. Disabilities: None **REMARKS** Issue Comments: FL Resident US Citizen Previous FL Number Change Type **FL** Dispostion Donor Info No No None Lost Relationship: Guardian: Tax Collector **Donation Amount** lic/ID Fee Delinquent Mailin Sec. Deposit FR Refee Service Fee \$0.00 \$0.00 \$0.00 \$10.00 No \$0.00 \$0.00 Log Number Data Source Program Version Receipt Number Total Amount Money Type 0028 VER1 Host \$10.00 $\mathbf{C}\mathbf{A}$